

toxin for the Dick test will cause a positive skin test in a person not immune to scarlet fever.

Usually but little excess volume is put into the containers of these last-mentioned products, for the reason that the methods of standardization do not permit of exact quantitative measurement.

These products, therefore, will show a gradual decrease in potency on aging, but this decrease will be much less when the products are kept properly refrigerated. Most of them may be used after the potency date has expired, if due allowance is made in the dosage for the decrease that occurs from aging. No exact information is available, however, as to how much this loss of potency is for each product.

Consequently, for those products for which no standards of potency have been established, the Government has fixed a definite potency period. These products, which include the various bacterial vaccines, except typhoid, anti-streptococcic serum, leucocyte extract, normal horse serum and similar preparations, probably still are therapeutically active after the potency date has been reached, if they are used in excess of the original dosage.

There is no potency standard for smallpox vaccine except that it must produce a good "take." Refrigeration is of the greatest importance to maintain the potency of this product. If kept at temperatures above 50 degrees F. the vaccine rapidly loses in potency. Smallpox vaccine should be kept, whenever possible, in a tin box in direct contact with the ice.

Rabies vaccine, Semple modification, being a killed virus, is in the same class as other products for which there is no potency standard. Rabies vaccine, Pasteur, however, has a short potency period and, except for the first seven doses, is only shipped from the laboratory for immediate use.

It will be apparent from this summary of the use of the potency date on biologics that the Government regulations have fixed the potency date for various products to insure "beyond reasonable doubt" the therapeutic worth of those products any time prior to that date. It is also clear that the antitoxins and most of the other biological products may be used after that time in cases of emergency, if proper allowance is made by increasing the dosage.

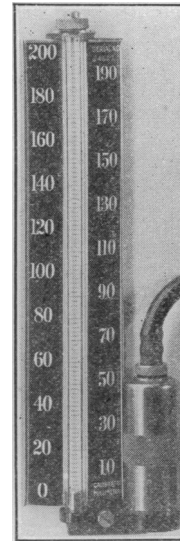
All will realize the importance of constant attention to stocks of biologics, always making sure that those with the shortest potency periods are used first.

**Taenia Saginata in Gall Bladder**—Edward B. Benedict, Boston (*Journal A. M. A.*), reports a case in which a diagnosis of acute cholecystitis was made. At the operation 310 cm. (10 feet 2 inches) of *Taenia saginata* was removed from the gall bladder. About fifty years ago the man worked in a butcher's shop, and was accustomed while there to eat little pieces of raw beef—never any raw meat except beef. He has had no raw meat of any kind since leaving the butcher's shop about fifty years ago. For two years he has known that he had a tapeworm, passing segments about an inch and a half long, sometimes in the stools, sometimes separately. At one time, following medication advised by a physician, he passed a portion about 22 inches (56 cm.) long, and believed he had passed the whole worm; but after an interval of about three months he began passing segments again, and continued to do so. On the morning of operation he vomited a piece of tapeworm. Convalescence was entirely uneventful.

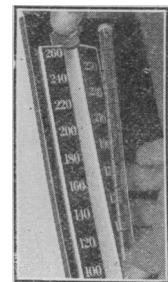
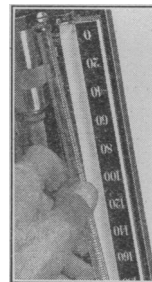
## CLINICAL NOTES, CASE REPORTS AND NEW INSTRUMENTS

### A NEW SPHYGMOMANOMETER

A new mercurial Sphygmomanometer in which several important objections to this type of instrument are overcome, is described by J. L. Wilson, M.D., and H. N. Eaton, A.M., in the November 20, 1926, issue of the *Journal of the A. M. A.*, page 1742. It has no cemented joints, and other common causes of mercury leakage and glass breakage are eliminated by the use of a simple, straight glass tube, held in a resilient mounting which enables the tube to withstand shocks which would otherwise shatter it. Severe tests have proved the sturdiness of the new construction.



The tube is so mounted that it can be removed (as for cleaning) by a simple pressure of the thumb, and replaced with equal facility. Thus, if the glass tube should break, the user can quickly insert a new one himself, without having to return the instrument to the manufacturer for repairs.



The insertion of a new tube does not impair the accuracy of the instrument. Each steel reservoir is an exact counterpart of the master steel reservoir against which each tube is individually calibrated. Therefore, the scale, which is separately engraved on each tube, is identically accurate for any instrument of this new type.

The design of the instrument (made by the W. A. Baum Company of New York) was developed along the lines of maximum service and convenience to the user without the sacrifice of simplicity and ruggedness, which experience has shown to be so desirable in instruments of this character.

A full account of the improved Baum Sphygmomanometer, which is also advertised in *CALIFORNIA AND WESTERN MEDICINE*, was published by Wilson and Eaton, *Journal A. M. A.*, November 20, 1926.